


STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Crisis Management and Suicide Prevention	Page 1 of 11 NUMBER: 67-MNH-09
RULE/CODE REFERENCE:	SUPERSEDES: 67-MNH-09 dated 03/10/09
RELATED ACA STANDARDS: 4-4357; 4-4373; 4-4403; 4-4416; 4-4435	EFFECTIVE DATE: January 21, 2013
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish procedures for the management of crises and identification and management of potentially suicidal inmates.

III. APPLICABILITY

This policy applies to all persons employed by the Ohio Department of Rehabilitation and Correction, all contractors providing direct mental health and medical services to inmates, and all inmates confined in institutions operated by the Department.

IV. DEFINITIONS

Authorized Independently Licensed Mental Health Professionals (AILMHP) - Psychiatrists, Psychologists, Advance Practice Nurse – Mental Health (APN-MH), Professional Clinical Counselors (PCC) and Licensed Independent Social Workers (LISW), who, by virtue of their training and experience, are qualified to provide mental health care and have been specifically assigned identified tasks in this policy.

Close Watch - A crisis precaution that requires staff observation, with documentation of the watch at irregular, staggered intervals not to exceed fifteen minutes, on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

Critical Incident Stress Debriefing Team (CISD) - A formally organized group of trained employees who provide critical incident stress debriefing functions.

Constant Watch - A crisis precaution where the inmate is observed on a continuous uninterrupted basis, with documentation of the watch at irregular, staggered intervals not to exceed fifteen minutes, on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).

Critical Incident - An event which disrupts the routine operations or services of a facility, creating a state of disorder, a threat to security, or an inability to maintain orderly control of inmates.

Cut-down Devices - A crisis precaution tool, designated by the Managing Officer for each specific institution, such as a pair of blunt nosed scissors or a curved cutting device.

Mental Health Observation - A crisis precaution that allows an AILMHP to determine the level of observation, property, and housing.

Suicide Prevention and Review Team (SPART) - A review team comprised of the appropriate Deputy Warden, Mental Health Administrator/Mental Health Manager, Health Care Administrator, Chief of Unit Management and Chief of Security. The review team will meet as needed but no less than quarterly to discuss the management of, including but not limited to, suicide incidents, Close Watch, Constant Watch and Mental Health Observation concerns, restraints, assaults, prolonged threats and death of an inmate or staff member.

Suicide Attempt - A conscious, deliberate, self-injurious act intended to take one's own life/commit suicide with non-fatal outcomes which may include, but are not limited to, injury by jumping, asphyxiation, laceration, overdose, hanging, drowning, injury by firearm, and poisoning. A determination of the act is the responsibility of the institution's Mental Health Manager/Administrator.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to maintain a program for managing crises and suicide prevention that addresses each of the following components: identification/screening, crisis precautions and assessments, housing, levels of supervision, documentation, intervention/follow-up, transportation, emergency intervention, reporting and review.

VI. PROCEDURES

A. Identification/Screening

1. The Initial Medical/Mental Health/Substance Use Screening (DRC5170) shall be utilized to screen inmates for suicide potential upon arrival at reception or upon arrival at the transferred institutions in accordance with Department Policy 67-MNH-02, Mental Health Screening and Assessments Activities.
2. The Detailed Mental Health Screening (DRC5163) shall be used to identify static and dynamic suicide risk factors and to identify immediate need for follow-up.
3. Reception inmates who are transferred in on a current suicide precaution from the county jail shall continue on Constant Watch until seen by an Authorized Independently Licensed Mental Health Professionals (AILMHP). If the inmate was on watch in the county jail in the previous six (6) months, but did not arrive at reception on a suicide precaution, mental health staff shall ensure that the inmate is evaluated as soon as possible, but no later than the next business day, to determine if there is a current risk.
4. When an inmate enters segregation or is in the Residential Treatment Unit (RTU) on a disciplinary or protective custody status, the Shift Supervisor shall ensure the completion

of the Suicide Questionnaire (DRC5404) immediately and prior to placement in the segregation unit. In addition, security staff shall immediately notify medical staff when an inmate is placed in segregation and document the notification on the Suicide Questionnaire (DRC5404).

- a. If question #1 is answered “yes”, then the inmate shall immediately be placed on Constant Watch.
 - b. If question #2 is answered “yes”, a mental health referral shall be made in accordance with Department Policy 67-MNH-02, Mental Health Screening and Assessments Activities, and then mental health staff will obtain a mental status within one working day utilizing the Mental Health Risk Assessment form (DRC5544). Staff may utilize the Referral to Mental Health Services form (DRC5265) or contact the institution Mental Health department via phone or in person.
5. The AMHP conducting weekly segregation rounds shall identify any inmates who may be at risk. Clinical judgment shall be exercised as to whether the offender should be seen immediately or whether the rounds, described in Department Policy 67-MNH-02, Mental Health Screening and Assessments Activities, shall be utilized to assess immediate risk.
 6. Any staff member who receives information from the community of an inmate’s suicide risk is responsible for assuring the safety of the inmate. Staff shall take immediate steps to ensure that the Mental Health Administrator/Mental Health Manager (MHA/MHM) or designee is informed. If mental health staff is available immediately, they can consult about the disposition. If no mental health staff is available due to the time the information is received, the inmate shall be placed on Constant Watch until mental health staff is available.
 7. If an inmate is notified of a serious change in his/her health condition, medical staff shall make a referral to mental health in accordance with Departmental Policy, 67-MNH-02, Mental Health Screening and Assessments Activities, on the same day that the inmate is notified.
 8. All inmates interviewed for purposes of identification and screening of suicide risk shall be seen in an environment that ensures privacy and protects confidentiality. Security barriers to meeting with the inmate individually must be comprehensively documented in the medical/mental health progress notes and in the officer’s log.

B. Assessment

1. An AILMHP can initiate any of the crisis precautions (Constant Watch, Close Watch, or Mental Health Observation) based on his/her assessment, utilizing Authorization of Crisis Precautions (DRC5200).
2. Any AMHP may initiate Constant Watch by completing the Authorization of Crisis Precautions (DRC5200).
3. Any staff that comes in contact with an inmate exhibiting signs or symptoms of suicide risk shall maintain constant observation/supervision of the inmate and notify the Shift Commander of the risk. Constant observation of the inmate shall be maintained until security staff arrive to escort the inmate to a designated area where preparations can be made for suicide watch placement in a safe cell. Any staff may contact the Shift

Commander if they feel an offender should be placed on Constant Watch. The Shift Commander has the authority to place an offender on Constant Watch. The Shift Commander shall initiate a Constant Watch by utilizing the Authorization for Crisis Precautions (DRC5200). An AILMHP shall complete an assessment as soon as possible, but no later than 24 hours, after the initiation of the crisis precaution. Assessments shall be done following a review of the offender's mental health file.

4. Offenders who are on Constant/Close Watch require daily evaluation by an AILMHP. The Crisis Precaution Disposition and Property List (DRC5202) shall be completed by the AILMHP completing the crisis assessment. The Crisis Precaution Progress Note Guidelines (Appendix A) shall be utilized during the formulation of the initial progress note completed by the AILMHP. After the initial assessment, all contacts only require a progress note and an update to the Crisis Precaution Disposition and Property List (DRC5202).
5. For those inmates placed on Mental Health Observation, the Crisis Precaution Progress Note Guidelines (Appendix A) shall be utilized during the formulation of the initial progress note completed by the AILMHP. After the initial assessment, all contacts only require a progress note and an update to the Crisis Precaution Disposition and Property List (DRC5202).

The AILMHP can reduce the frequency of assessment based on clinical judgment/rationale after a thorough assessment of the offender. This rational/judgment shall be documented in the mental health file in SOAP format.

6. While an inmate is on a crisis precaution, physical restraints for mental health purposes may only be used as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The restraint shall be in compliance with Departmental Policy 63-UOF-04, Physically Immobilizing Restraints.

C. Crisis Precautions

1. Constant Watch
 - a. Constant Watch is reserved for the inmate who is actively suicidal, either by threatening or engaging in self-injury, and would be considered a high risk for suicide.
 - b. Inmates placed on Constant Watch shall be housed in a safe cell.
 - c. A designated correction officer must observe inmates at this level on a continuous, uninterrupted basis, with documentation of observation at staggered intervals not to exceed fifteen minutes using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
 - d. If the safe cells utilized for Constant Watch at a given institution are physically located next to one another, with an unobstructed view of both inmates and both entire cells, one (1) officer may be assigned to observe two (2) inmates at this level of observation.
 - e. Documentation of the inmates' condition/behavior must occur at irregular, staggered intervals, not to exceed 15 minutes, using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534). The designated correction officer assigned to conduct

Constant Watch shall be provided periodic rotation from the assignment during the course of their shift.

- f. Only an AILMHP may downgrade or discontinue this level of watch after a face-to-face assessment of the inmate in an environment that ensures the maintenance of privacy and confidentiality.

2. Close Watch

- a. Close Watch is a lesser degree of observation reserved for the inmate who is not actively suicidal and is clinically assessed as a lower risk for suicide.
- b. This level of watch requires the designated correction officer to observe inmates at irregular, staggered intervals, not to exceed 15 minutes, and with documentation of the inmate's condition as the observation occurs, using the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
- c. Only an AILMHP may initiate this level of observation.
- d. Any staff may notify the Shift Commander to recommend upgrading the crisis precaution watch level of an inmate.
- e. Only an AILMHP may downgrade or discontinue this level of watch after a face-to-face assessment of the inmate in an environment that ensures the maintenance of privacy and confidentiality.

3. Mental Health Observation

- a. Mental Health Observation is designed to provide clinical flexibility with a level of observation and privilege that is consistent with clinical need.
- b. This precaution can be utilized for inmates who are in crisis, but are not necessarily suicidal.
- c. The precaution can also be used for individuals who have suicidal ideation but are assessed to have a level of stability that does not require full Constant/Close Watch precautions.
- d. An AILMHP can use this as a step down from Constant or Close Watch or it can be initiated by an AILMHP as the initial crisis precaution.
- e. Any staff may notify the Shift Commander to recommend upgrading this precaution to Constant Watch.
- f. Utilizing the Crisis Precaution Disposition and Property form (DRC5202), the AILMHP can determine if a safe cell is required, what property is authorized, what clothing is authorized, and specify the frequency and duration of observation.
- g. Frequency of observation can parallel the procedure utilized for Close Watch or can be less frequent if specified on the Crisis Precaution/Disposition form (DRC5202). This information shall be clearly communicated to the shift commander's office to assist in implementation. Inmates on MHO shall be seen by an AIMHP no less than every fourth day that the inmate remains on the MHO status unless more frequent contact is clinically indicated. An AMHP may be utilized to augment therapeutic goals however they cannot complete the Crisis Precaution Disposition and Property form (DRC5202).
- h. Mental health staff is responsible for the clinical needs of the inmate while in observation status.
- i. Extended placement on MHO: MHO that is over 7 days shall require a treatment team meeting and documented rationale for continuation of the MHO crisis precautions.

MHO that is over 14 days shall require consultation with Operation Support Center mental health staff to discuss treatment options.

D. Crisis Precaution Follow-up

1. Each institution Mental Health Manager and/or designee shall have an identified plan to ensure crisis precaution follow-up is being completed.
2. The AILMHP and/or treatment team is responsible for determining the reason follow up is needed, what follow-up schedule will best meet the needs of the inmate being released from a crisis precaution, and documenting this in a progress note.
3. The treatment plan and a corresponding progress note shall delineate the follow-up schedule for inmates on the caseload. If the inmate is not on the caseload, and the decision is made to not initiate ongoing services or follow up, the progress note shall clearly document the reason.
4. If there are repeated crisis precautions initiated, the treatment team and/or primary provider shall review all existing information and develop a follow-up plan that is comprehensive and takes into account multiple incidents.
5. When an inmate transfers to another institution the sending provider shall ensure that pertinent follow-up information is placed in the Mental Health Transfer Summary (DRC5180).
6. The MHA/MHM shall ensure that a tracking system is implemented at the institution to ensure that there are back up providers to complete a follow-up if the assigned provider is not available.

E. Offender Observation Aides

1. In accordance with Department Policy 67-MNH-28, Offender Observation Aides, the use of an Offender Observation Aide (OOA) can be utilized with Close Watch and Mental Health Observation only after the following have been met:
 - a. An AILMHP has evaluated the inmate who is presenting the emergency or crisis and determines its appropriateness.
 - b. There is a written agreement between the BOMHS, the Office of Prisons, and the Managing Officer regarding the use of OOA's at that institution. The agreement shall also delineate if there are crisis precautions for which an OOA cannot be utilized.
2. Only Offender Observation Aides that have been approved by Mental Health can be utilized for the Offender Observation Aide Program.

F. Crisis and Assessment Level

If an inmate is in an RTU, or in general population as an outpatient, and demonstrates a decline in functioning, an AILMHP can refer the inmate to the crisis and assessment level of the RTU per Department Policy 67-MNH-23 Residential Treatment Units and Intensive Treatment

Programs. The Crisis and Assessment Level is the triage level of the RTU. Inmates can be transferred to the RTU, regardless of current mental health diagnosis, with the intention of further stabilizing the inmate. This level can be utilized alone or in combination with Close Watch, Constant Watch, or Mental Health Observation. The previously described forms only need to be completed if a crisis precaution is used in conjunction with this level of assessment.

G. Housing Placement in a Safe Cell

1. Specifications of Safe Cells

- a. Stainless fixtures sink/toilet combination with push button flush and faucet. Push buttons are important so the inmate cannot hang himself/herself from the faucet handles, etc.
- b. High security beds bolted to the floor are acceptable. They shall be 12" off the floor. All bedposts or bars at the head and foot of the bed must be cut off and the sharp edges covered. Any holes in the body of the bed must be covered.
- c. Fixtures, pipes, etc., that an inmate can hang her/himself on must be covered with steel or fine mesh or a BOMHS approved covering. Fine mesh must be placed over windows and should be hinged to allow cleaning on both sides. Hinging should be between the screen and windows with a key lock not a padlock.
- d. No furniture shall be attached to or detached from the walls/floor except as identified in this policy.
- e. There must be clear visibility to all areas of the cell. Convex mirrors may be used if needed. Convex mirror edges must be flush with the wall so that nothing can hang from them.
- f. If there is a shower in the cell the fixtures must be breakaway or recessed with push buttons.
- g. There must be a cuff port.
- h. No functional electric outlets or switch plates.
- i. There must be adequate ventilation.
- j. There must be adequate lighting.
- k. Window crank handles must be removed from the safe cell.
- l. Walls must be maintained without holes and in good repair.

2. For each inmate placed on Constant or Close Watch:

- a. The inmate shall be housed in a safe cell.
- b. The safe cell shall be inspected for safety immediately before the inmate's placement according to Department Policy 310-SEC-01, Inmates and Physical Plant Searches. The completion of the cell search and strip search shall be documented on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
- c. A Bureau of Mental Health Services (BOMHS) approved suicide-resistant gown and suicide blanket shall be provided at the conclusion of the strip search and prior to being placed in the safe cell to preserve the inmate's dignity. Provisions shall be made to supply the inmate with a security garment that will promote inmate safety in a way that the product is designed. The AILMHP can modify what property the inmate can keep utilizing the Crisis Precaution/Disposition Property List (DRC5202).

3. For each inmate placed on Mental Health Observation
 - a. The offender shall be housed in a safe cell unless otherwise indicated by the AIMHP on the Crisis Precaution/Disposition Property List (DRC5202).
 - b. The safe cell shall be inspected for safety immediately before the offender's placement according to Department Policy 310-SEC-01, Inmates and Physical Plant Searches. The completion of the cell search and strip search shall be documented on the Crisis Precautions and/or Immobilizing Restraints Log (DRC2534).
 - c. A Bureau of Mental Health Services (BOMHS) approved suicide-resistant gown and suicide blanket shall be provided at the conclusion of the strip search and prior to being placed in the safe cell to preserve the inmate's dignity unless otherwise indicated by the AIMHP on the Crisis Precaution/Disposition Property List (DRC5202). Provisions shall be made to supply the inmate with a security garment that will promote offender safety in a way that the product is designed. The AIMHP can modify what property the inmate can keep utilizing the Crisis Precaution/Disposition Property List (DRC5202).

H. Transport of Inmates on Constant/Close Watch or Mental Health Observation

1. Inmates on Constant Watch, Close Watch, or Mental Health Observation shall not be transported while on any crisis precaution watch status unless they are being transported to a Residential Treatment Unit (RTU), a psychiatric hospital, a medical facility for a medical emergency, or discharged from the Franklin Medical Center (FMC) to their parent institution. Under extenuating circumstances this requirement can be waved utilizing the process outlined in H.4.
2. Inmates being transported on Constant Watch, Close Watch, or Mental Health Observation shall not be transported to a Residential Treatment Unit (RTU) on the hub.
3. The Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) shall be completed by a transportation officer during the transport when an inmate is transported on Constant Watch or Close Watch. The inmate shall also be required to sit in the front seat of the secured passenger compartment of the transportation vehicle to assist officers conducting visual observations of the inmate. If the inmate is on Mental Health Observation, documentation in the Crisis Precaution and/or Immobilizing Restraint Log (DRC2534) is required if noted on the Crisis Precaution Disposition and Property List (DRC 5202).
4. If an inmate is stable, but the treatment team determines that the inmate is utilizing crisis precaution as a means of avoiding transfer, every attempt shall be made to intervene and eliminate the behavior. If the behavior persists, and the continued placement is contraindicated due to the use of secondary gain, then the following procedure shall be followed to manage the transfer:
 - a. The MHA/MHM of the sending institution shall contact the Chief of BOMHS/designee to describe the behavior and treatment utilized to deter the behavior. Clear documentation must be provided to demonstrate that the continued crisis precaution has been due to secondary gain and not an unstable mental condition.

- b. If warranted, the MHM/MHA shall be directed to set up a teleconference with the sending and receiving institutions and a representative from BOMHS.
- c. The BOMHS Chief and appropriate Regional Director /designee or designees, will provide a signed memo to the Bureau of Classification to authorize the transfer.
- d. The inmate shall be transported by institutional staff and will not be transported on the HUB.

I. Emergency Intervention

- 1. Each institution shall develop a written plan for 24-hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention.
- 2. An approved cut-down device to quickly cut through fibrous material shall be safely secured in these areas.

J. Reporting

In the event of a suicide, suicide attempt, or self injurious behavior the applicable institutional staff must report the incident to all appropriate prison officials and the Operation Support Center staff in accordance to Departmental Policy 67-MNH-17, Mental Health Continuous Quality Improvement, using the Major Healthcare Occurrence Incident Notification/MH (DRC5370).

K. Training

Suicide awareness and prevention training is completed at three levels within the Department:

- 1. New employee training mandates are established by the Corrections Training Academy.
- 2. Annual in-service training mandates are established by the DRC Training Advisory Committee as outlined in Department Policy 39-TRN-05, Training Advisory Councils-Organization and Responsibilities.
- 3. Specialized Mental Health Training
 - a. All mental health, medical and custody staff (including relief officers) assigned to special housing areas, i.e., segregation, infirmary, residential treatment units, Mental Health Intensive Treatment Programs (ITP), the SugarCreek Developmental Unit (SCDU), and/or youthful offender unit must attend the Specialized Mental Health training within their first six months of assignment to the designated institution area. The Mental Health Manager, in collaboration with institution supervisors and the institution training officer, shall ensure the training is provided to the staff assigned to those areas.
 - b. The institution's training officer is responsible for maintaining a record of which institution employees have received the Specialized Mental Health training and sending the attendance records to the Mental Health Manager on a quarterly basis.

L. Reviews and Debriefings

- 1. Critical Incident Reviews: Critical incident debriefing shall occur after a critical incident. Suicide Prevention and Review Team (SPART) meetings can be utilized for this purpose to discuss the management of, including but not limited to, suicide incidents, Close,

Constant Watches, Mental Health Observations, restraints, assaults, prolonged threats, and death of an inmate or staff member. The debriefing shall ensure a review of the critical incident by administration, security, mental health, and medical services.

2. After critical incidents occur that could have an impact on staff or inmates the following shall be offered:
 - a. Staff can access CISD debriefing in accordance with Department Policy 37-EAP-02, Critical Incident Stress Management.
 - b. For all inmates, caseload or non-caseload, mental health shall be available at the request of the inmate. Mental health shall post information on how to access services and shall track the use of those services.

M. Suicide Prevention and Review Teams (SPART)

1. At a minimum, the SPART team shall be comprised of the appropriate Deputy Warden, MHA/MHM, Health Care Administrator, Chief of Unit Management and Chief of Security. SPART teams shall meet after critical incidents as needed but no less than quarterly. At a minimum, the following information shall be reviewed during these meetings:
 - a. The documentation of crisis precautions shall be reviewed for accuracy and thoroughness. Patterns of problematic documentation shall be discussed with the Managing Officer and shall be documented in the BOMHS CQI Quarterly Report (DRC5558). The problems shall be discussed in the institution Mental Health CQI meeting and an action plan developed to address the problems in accordance with Departmental Policy 67-MNH-17, Mental Health Services Continuous Quality Improvement.
 - b. Environmental Assessment: All members shall give an assessment of issues which may contribute to increased risk.
 - c. All watches shall be reviewed.
 - d. Training shall be reviewed to ensure that all staff who works in medical, mental health and segregation receives the Specialized Mental Health Training.
 - e. Drills shall be reviewed to ensure that each shift has had a real time drill regarding suicide and restraint application at least quarterly on all shifts.
2. SPART teams, at a minimum, shall meet quarterly. If there is a need for an immediate action then a special SPART meeting shall be convened within 14 calendar days and an action plan developed and documented in a memo.
3. SPART teams shall conduct safe cell inspections on a quarterly basis, prior to their SPART meetings, and document these inspections on the Safe Cells Inspection form (DRC5526) for review in SPART meetings.

- N.** Review of this policy shall be documented annually and upon revision by the Managing Officer and the Mental Health Manager by both individuals signing and dating a current copy of the policy.

Attachments:

Crisis Precaution Progress Note Guidelines

Appendix A

Related Department Forms:

Crisis Precautions and/or Immobilizing Restraints Log	DRC2534
Detailed Mental Health Screening	DRC5163
Initial Medical/Mental Health/Substance Use Screening	DRC5170
Mental Health Transfer Summary	DRC5180
Authorization for Crisis Precautions	DRC5200
Crisis Precaution Disposition and Property List	DRC5202
Referral to Mental Health Services	DRC5265
Major Healthcare Occurrence Incident Notification/MH	DRC5370
Suicide Questionnaire	DRC5404
Safe Cells Inspection	DRC5526
Mental Health Risk Assessment	DRC5544
BOMHS CQI Quarterly Report	DRC5558

Appendix A

Crisis Precaution Progress Note Guidelines

The following information must be included in the **initial progress note** completed by the AILMHP, who completes the assessment, within 24 hours of the initiation of the precaution:

1. Reason for referral
2. Document the type of threat or attempt if present (e.g. hanging, cutting, etc.)
3. Full mental status examination (current)
4. Suicidal risk factors present to the best knowledge of the clinician
5. Previous psychiatric/suicide history
6. Assessment and formulation to include the following (at a minimum)
 - a. Diagnostic information- Either current existing diagnosis or formulation that may inform a change of diagnosis.
 - b. Assessment of Risk- This requires a narrative addressing the formulation of previously discussed risk factors and documentation of the factors that may assist in reducing the impact of the risk factors.
7. Treatment Recommendations based on formulation, to include the following (at a minimum):
 - a. Treatment Recommendations- Immediate interventions and proposed interventions should be clearly documented
 - b. Housing Recommendations

NOTE: THIS IS NOT AN EXHAUSTIVE LIST OF ELEMENTS OF A PROGRESS NOTE. THE CLINICIAN SHOULD EXERCISE CLINICAL JUDGMENT AS TO WHAT ISSUES TO DOCUMENT. THIS LIST IS A GUIDE TO INFORMATION THAT IS REQUIRED TO FULFILL ODRC REQUIREMENTS.